

Registration District No. 15

Primary Registration District No. 5588

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town "Rural" Marion  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route #1 Reeds, Mo. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 Years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Bert H. BAIRD

3. (b) If veteran, name war NONE 3. (c) Social Security No. Yes

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Winnie Brooks Baird 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 23, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 1 9 hr. min.

9. Birthplace Elk, County Kans. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Winfield Baird

13. Birthplace Unknown Ky. /  
(City, town, or county) (State or foreign country)

14. Maiden name Harper /

15. Birthplace Unknown Ky. /  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. H. A. Rickart

(b) Address Route #1 Reeds, Mo.

17. (a) Burial (b) Date thereof: 2-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 2-6-1948 (b) L. B. Clinton, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town "Rural" Reeds 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #1 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd.  
year 1948 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from 1948 to 1948.  
that I last saw him alive on February 2, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to Coronary Occlusion

Due to Coronary Occlusion  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94% Of autopsy Coronary Occlusion  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (Specify cause of injury)  
23. Signature L. B. Clinton, M.D. (M. D. or other)  
Address Carthage, Mo. Date signed 2/6/48

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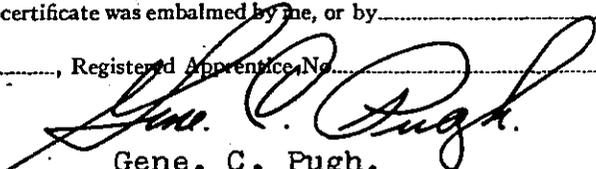
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed .....  
Gene. C. Pugh.

Licensed Embalmer No. 4231.....

P. O. Address..... Carthage, Mo. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**